

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT		INVOLUNTARY PETITION			
IN RE (Name of Debtor – If Individual: Last, First, Middle) Connolly Geaney Ablitt & Willard, PC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) Ablitt Scofiled, PC Ablitt Law Offices, PC Ablitt & Charlton, PC			
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): 55-0792165					
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 304 Cambridge Road, Woburn MA 01801		MAILING ADDRESS OF DEBTOR (If different from street address) 			
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Middlesex		ZIP CODE 01801			
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) 304 Cambridge Road, Woburn MA 01801					
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11					
INFORMATION REGARDING DEBTOR (Check applicable boxes)					
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> </td> <td style="vertical-align: top;"> Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Law Firm </td> </tr> </table>			Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Law Firm
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VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>			
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)					
Name of Debtor		Case Number			
Relationship		District			
Date		Judge			
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY			

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Name of Debtor Connolly Geaney Ablitt

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Petitioner or Representative (State title)</p> <p>Steven Ablitt</p> </div> <div> <p>_____</p> <p>Date Signed</p> </div> </div> <div style="margin-top: 10px;"> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p> <p>Steven Ablitt 6 Ramsdell Way Lynnfield MA 01940</p> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Attorney</p> </div> <div> <p>_____</p> <p>Date</p> </div> </div> <p>_____</p> <p>Name of Attorney Firm (If any)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Telephone No.</p>	
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Petitioner or Representative (State title)</p> <p>Summit Title Corporation</p> </div> <div> <p>_____</p> <p>Date Signed</p> </div> </div> <div style="margin-top: 10px;"> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p> <p>Steven Ablitt 6 Ramsdell Way Lynnfield MA 01940</p> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Attorney</p> </div> <div> <p>_____</p> <p>Date</p> </div> </div> <p>_____</p> <p>Name of Attorney Firm (If any)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Telephone No.</p>	
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PETITIONING CREDITORS		
<p>Name and Address of Petitioner</p> <p>Steven Ablitt, 6 Ramsdell Way, Lynnfield MA 01950</p>	<p>Nature of Claim</p> <p>Unsecured</p>	<p>Amount of Claim</p> <p style="text-align: right;">1,656,376.64</p>
<p>Name and Address of Petitioner</p> <p>Etoile Corporation, 6 Ramsdell Way, Lynnfield MA 01940</p>	<p>Nature of Claim</p> <p>Unsecured</p>	<p>Amount of Claim</p> <p style="text-align: right;">50,000.00</p>
<p>Name and Address of Petitioner</p> <p>Summit Title Corporation, 6 Ramsdell Way, Lynnfield, MA</p>	<p>Nature of Claim</p> <p>Unsecured</p>	<p>Amount of Claim</p> <p style="text-align: right;">2,365,000.00</p>
<p>Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.</p>		<p>Total Amount of Petitioners' Claims</p> <p style="text-align: right;">4,071,376.64</p>

_____ continuation sheets attached